

WIA
ELIGIBILITY ASSESSMENT – SUMMER ELIGIBILITY DETERMINATION

Temporary use only

☐ A=ADD
☐ C=CHANGE

1. WIR	2. OFFICE	3. CLIENT ID – SSN	4. REGISTRATION DATE	5. COUNSELOR	6. BIRTH	7. AGE	8. APP. TYPE-YOUTH
9. LAST NAME				10. FIRST NAME		11. MI	12. SUFFIX
							13. GENDER <input type="checkbox"/> 1 – Male <input type="checkbox"/> 2 – Female
14. STREET ADDRESS				15. CITY		16. STATE	17. ELIGIBLE <input type="checkbox"/> 1-YES <input type="checkbox"/> 2-NO
18. ZIP CODE		19. COUNTY	20. PHONE		21. ALT. PHONE		22. ALT. PHONE
					<input type="checkbox"/> CODE		<input type="checkbox"/> CODE
23. SELECTIVE SERVICE <input type="checkbox"/> 1-YES <input type="checkbox"/> 2-NO <input type="checkbox"/> 3- NOT APPLIC		24. RACE/NATIONAL ORIGIN (Check all that apply) <input type="checkbox"/> 1-WHITE <input type="checkbox"/> 2-BLACK/A.F. AMERICAN <input type="checkbox"/> 3 –HISPANIC/LATINO <input type="checkbox"/> 4-AM.INDIAN/ALASKAN <input type="checkbox"/> 5-ASIAN <input type="checkbox"/> 6-HAWAIIAN/ISLANDER		25. WORK AUTHORIZATION STATUS <input type="checkbox"/> 1-NOT AUTHORIZED <input type="checkbox"/> 2-U.S. CITIZEN <input type="checkbox"/> 3 REGISTERED ALIEN/REFUGEE		26. EDUCATION STATUS <input type="checkbox"/> 1 – STUDENT, H.S. OR LESS <input type="checkbox"/> 2 – STUDENT, ATTENDING POST-H.S. 3 – OUT-OF-SCHOOL, H.S. DROPOUT 4 – OUT-OF-SCHOOL H.S. GRAD. WITH EMPLOYMENT DIFFICULTY. 5 – OUT-OF-SCHOOL, H.S. GRAD. WITH NO EMPLOYMENT DIFFICULTY	
SELECTIVE SERVICE NO.						27. HIGHEST GRADE COMPLETED 	28. INSCHOOL <input type="checkbox"/> 1-YES <input type="checkbox"/> 2-NO
						29. READING SKILLS LEVEL 	30. READING FORM
						31. MATH SKILL LEVEL 	32. MATH FORM
33. WELFARE STATUS (CHECK ALL THAT APPLY) <input type="checkbox"/> 1-TANF <input type="checkbox"/> 2-GENERAL ASSISTANCE <input type="checkbox"/> 3 REFUGEE ASSISTANCE <input type="checkbox"/> 4-SSI (SSA TITLXVI) <input type="checkbox"/> 5-FOOD STAMPS		34. SINGLE PARENT <input type="checkbox"/> 1 – YES <input type="checkbox"/> 2 – NO		35. FAMILY STATUS FOR LOW INCOME DETERMINATION <input type="checkbox"/> 1 – SINGLE W/DEPEND. <input type="checkbox"/> 2 - 2-PARENT FAMILY 3 - FAMILY MEMBER 4 - NON-DEPENDENT INDIVIDUAL 5 - FOSTER CHILD		36. INDIVIDUAL WITH DISABILITY <input type="checkbox"/> 1-YES <input type="checkbox"/> 2-YES/RESULTS IN SUBSTANTIAL IMPEDIMENT TO EMPLOYMENT 3- NO	
						41. VETERAN STATUS <input type="checkbox"/> 1 – YES < 180 DAYS <input type="checkbox"/> 2. – YES > 180 DAYS 3 – NOT A VETERAN	
						42. CAMPAIGN VETERAN <input type="checkbox"/> 1 – YES <input type="checkbox"/> 2 – YES VIETNAM-ERA 3 – NO	
37. APPLICANT CHARACTERISTICS (CHECK AT LEAST ONE, CHECK ALL THAT APPLY) <input type="checkbox"/> DEFICIENT IN BASIC LIT. SKILLS <input type="checkbox"/> PARENT/PREGNANT <input type="checkbox"/> SCHOOL DROPOUT <input type="checkbox"/> OFFENDER <input type="checkbox"/> HOMELESS, RUNAWAY <input type="checkbox"/> NEEDS ASSIST. IN ED. PGM. OR EMPLOYMENT				38. LIMITED ENGLISH PROFICIENCY <input type="checkbox"/> 1 – YES <input type="checkbox"/> 2. – NO		39. EOC TRACKING 	
						40. USER APP-1 1 – 2 – 3 – 4 –	
43. DISABLED VETERAN <input type="checkbox"/> 1 – YES <input type="checkbox"/> 2- YES, SPECIAL 3 – NOT DISABLED VETERAN				44. RECENTLY SEPERATED VETERAN <input type="checkbox"/> 1 – YES <input type="checkbox"/> 2 – NO			
45. ECONOMICALLY DISADVANTAGED/ LOW-INCOME STATUS (CHECK ALL THAT APPLY) <input type="checkbox"/> 1-WELFARE/FOOD STAMP RECIPIENT <input type="checkbox"/> 2-HOMELESS <input type="checkbox"/> 4- INDIVIDUAL DISABILITIES <input type="checkbox"/> 3-FOSTER CHILD <input type="checkbox"/> 5-INCOME CRITERIA MET				46. FAMILY INCOME 		47. NUMBER IN FAMILY 	
						48. YOUTH 5% WINDOW CRITERIA (CHECK ALL THAT APPLY) <input type="checkbox"/> A-SCHOOL DROPOUT <input type="checkbox"/> B-BASIC SKILLS DEF. <input type="checkbox"/> C-APPROP. GRADE/AGE <input type="checkbox"/> D-PREGNANT/PARENTING <input type="checkbox"/> E-IND. W/DISABILITY (INC. LD) <input type="checkbox"/> F-HOMELESS/RUNAWAY <input type="checkbox"/> G-OFFENDER <input type="checkbox"/> H-LOCALLY DEFINED	
49. ELIGIBLE ONLY UNDER 5% WINDOW <input type="checkbox"/> 1 – YES 2 - NO				50. PELL GRANT RECIPIENT <input type="checkbox"/> 1 – YES 2 – NO		51. LABOR FORCE STATUS <input type="checkbox"/> 1 – EMPLOYED 2 – UNEMPLOYED	
OCCUPATIONAL INFORMATION							
52. COMPANY NAME						53. CITY	
55. JOB TITLE						56. OES CODE	
57. DATE STARTED		58. DATE ENDED					
59. HOURLY WAGE		60. HRS./WEEK		61. EARNINGS		62. REASON FOR LEAVING	

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P			1- LAY-OFF DATE 2-QUIT _____ 3-FIRED	4- JOB ENDED 5- OTHER (SPECIFY) _____ 6- EMPLOYED
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